

## Supplemental Application Data Sheet

### Application Information

Application number:: 10/579,613  
Filing Date:: 05/17/06  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: SERUM ALBUMIN CONJUGATED TO  
FLUORESCENT SUBSTANCES FOR  
IMAGING  
Attorney Docket Number:: BIDM-P01-015  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 9  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: V.  
Family Name:: Frangioni

City of Residence:: Wayland  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 34 Wayland Hills Road  
City of mailing address:: Wayland  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01778

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Shunsuke  
Family Name:: Onishi  
City of Residence:: Toyonaka, Osaka  
Country of Residence:: Japan  
Street of mailing address:: Shinsenrihigashi 2-5-25-511  
City of mailing address:: Toyonaka, Osaka  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 560-0082

### **Correspondence Information**

Correspondence Customer Number:: 28120

### **Representative Information**

Representative Customer Number:: 28120

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US04038682	11/17/04
US04038682	An application claiming the benefit under 35 USC 119(e)	60/523,059	11/18/03
US04038682	An application claiming the benefit under 35 USC 119(e)	60/608,267	09/09/04

### Foreign Priority Information

### Assignee Information

Assignee name:: Beth Israel Deaconess Medical Center  
 Street of mailing address:: 330 Brookline Avenue  
 City of mailing address:: Boston  
 State or Province of mailing address:: MA  
 Postal or Zip Code of mailing address:: 02215